

CLAIMS ONLY

Application Number

10 786 427

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
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Total Indep	4													
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Total Indep														
Total Depend	1													
Total Claims	1													

BEST AVAILABLE COPY

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